**Frequently Asked Questions Regarding Electronic Submission of Authorization Requests to ValueOptions® via ProviderConnect℠ for North Carolina Medicaid and North Carolina Health Choice**

This document contains Frequently Asked Questions (FAQs) regarding online submission of authorization requests via ProviderConnect for North Carolina Medicaid (NCMC) and North Carolina Health Choice (NCHC) recipients. This document will be updated as needed, resulting in a new revision date in the bottom left hand corner of the page.

## ELECTRONIC SUBMISSION MANDATE

1. Are providers required to submit authorization requests online via ProviderConnect?

   Yes. The North Carolina Appropriations Act of 2011 (House Bill 200) mandates that providers submit authorization requests electronically via the vendor's website.

2. What is the date/deadline that authorization requests MUST be submitted electronically?

   Effective October 1, 2011, providers that submit authorization requests to ValueOptions must do so electronically using the ValueOptions ProviderConnect web portal. See the August 2011 Medicaid Bulletin and Implementation Update.

3. Does the mandate for electronic submission apply to all services/levels of care?

   Yes. All mental health, substance abuse, and targeted case management requests must be submitted online via ProviderConnect.

4. Can Provider Link be used to submit requests electronically rather than ProviderConnect?

   No. Providers that previously have used Provider Link to submit authorization requests must begin submitting requests via ProviderConnect effective October 1, 2011.

5. What happens to authorization requests that are <u>not</u> submitted online via ProviderConnect on/after October 1, 2011 (e.g. faxed, mailed, Provider Link, etc)?

   Authorization requests received on/after October 1, 2011 by any means other than ProviderConnect will be returned as "Unable to Process". A returned request does not serve as a place holder for the requested start date or as a placeholder for the 10-day advance reauthorization request submission requirement.

6. Can authorization requests for Medicaid <u>and</u> Health Choice recipients be submitted via ProviderConnect?

   Yes.

7. Is it important to enter the requested start date of the authorization into the "As of Date" field when searching for the member?

   Yes. Failure to populate this field with the requested start date of the authorization may result in the request being submitted under the incorrect benefit plan.

8. Is there a charge/fee for submitting requests online via ProviderConnect?

   No.

## ACCESSING PROVIDERCONNECT

9. How does a provider access ProviderConnect?

   Go to www.valueoptions.com and click on the "Providers" link. On the right side of that web page are links to login or register on ProviderConnect.

10. Is a User ID and password required to login to ProviderConnect?

    Yes. Providers register online. See #8.

11. Is technical support available if assistance is needed in creating or modifying a ProviderConnect account?

    Yes. The EDI/ProviderConnect Help Desk is available by phone M-F 8am to 6pm at 888.247.9311 and via email at e-supportservices@valueoptions.com.

12. Which Internet browsers are compatible with ProviderConnect?

    Providers should use Internet Explorer when using ProviderConnect. Other internet browsers may not be compatible and may result in formatting or other visible differences.

## ATTACHING DOCUMENTS TO PROVIDERCONNECT SUBMISSIONS

13. Can supporting documentation (e.g. PCP, service order, discharge plan form) be attached to my online submission?

    Yes. Electronic documents and scanned copies of documents can be attached. Providers must attach the required documentation for the service/level of care being requested. Electronic documents that are required to display original signatures must be in PDF format.

14. Is there a limit on the number of documents that can be attached to an online submission?

    No.

15. What are the acceptable file formats for supporting documentation that will be attached?

    Acceptable file formats include Word, Excel, Adobe (e.g. PDF), and Text files. Electronic documents that are required to display original signatures must be in PDF format.

16. Is it OK to attach password protected documents (e.g. PCP)?

    No. Attachments may be attached as read-only if desired.

17. Does a Word or PDF version of the ITR or ORF2 need to be attached to the submission as well?

    No. Providers enter the data for the ITR or ORF2 directly into ProviderConnect when entering a request.

## COMPLETING THE ITR VIA PROVIDERCONNECT

18. Which Level of Service (Inpatient/HLOC/Specialty or Outpatient) must be selected for ProviderConnect to display the ITR?

    Providers must select "Inpatient/HLOC/Specialty" as the Level of Service for ProviderConnect to display the fields associated with the ITR.

19. Can more than one service/level of care be requested when completing the ITR via ProviderConnect?

    No. Only one service per ITR may be requested.

20. Does selected clinical information pre-populate on the ITR when submitting concurrent requests?

    Yes. If a concurrent request is submitted correctly with the admit date matching the admit date on the previous request, major portions of the ITR will pre-populate with information from the previously submitted request.

21. What should a provider do if the clinical information typed in the precipitating event field exceeds the character limit of 2000 characters?

    Attach a Word document with the additional information.

22. Can Therapeutic Foster Care (TFC) requests be submitted online even though TFC providers do not have a direct-enrolled Medicaid Provider Number (MPN) for TFC?

    Yes. TFC requests can be submitted on ProviderConnect using any MPN available to the submitting provider. The MPN included on the submission will be replaced by ValueOptions with the appropriate LME MPN corresponding to the recipient's county of eligibility at the time of review. Regardless of the MPN used for submitting TFC requests, providers cannot view TFC authorizations online since they are issued to the appropriate LME. Providers will continue working with LMEs to retrieve ValueOptions correspondence (e.g. authorization letters).

23. Typically the clinical home submits the initial request for PRTF or residential child care (Level II, III, IV program type) rather than the residential facility. Can the clinical home provider continue to submit these initial requests on behalf of the residential facility via ProviderConnect?

    Yes. PRTF and residential child care requests can be submitted on ProviderConnect using any MPN available to the submitting provider. The submitting provider must state the name and MPN of the residential facility in the first sentence of the precipitating event. Failure to include this information in the precipitating event will result in the request being returned as "Unable to Process". The MPN included on the submission will be replaced by ValueOptions with the MPN of the residential facility at the time of review.

24. How are Criterion 5 requests submitted via ProviderConnect?

    For initial Criterion 5 requests, attach a completed "Criterion #5 Service Needs/Discharge Planning Status Form" to the online submission. This form and instructions for completion are located on the network-specific page for North Carolina Medicaid on ValueOptions.com.

    Concurrent Criterion 5 requests are completed telephonically.

25. How are retrospective requests submitted via ProviderConnect?

    Retrospective reviews are done when there has been a change to the recipient's Medicaid eligibility. Providers must indicate in the first sentence of the precipitating event field that "This is a retrospective request due a change in the recipient's Medicaid eligibility" and include the dates of service being requested.

An authorization request for dates of service moving forward should also be submitted if services continue to be rendered to the recipient beyond the retro period.

26. How are requests for additional units for a current authorization period submitted via ProviderConnect?

    Providers must indicate “Additional unit request” in the first sentence of the precipitating event field.

27. How are EPSDT requests submitted via ProviderConnect?

    Providers must indicate “EPSDT request” in the first sentence of the precipitating event field.

28. How are Out-of-State (OOS) requests submitted via ProviderConnect?

    See #22 if submitting an OOS PRTF request. Contact Customer Service at 888.510.1150 regarding requests for acute inpatient hospitalization in facilities outside of North Carolina.

## COMPLETING THE ORF2 VIA PROVIDERCONNECT

29. Which Level of Service (Inpatient/HLOC/Specialty or Outpatient) must be selected for ProviderConnect to display the ORF2?

    Providers must select “Outpatient” as the Level of Service for ProviderConnect to display the fields associated with the ORF2.

30. Does selected clinical information pre-populate on the ORF2 when submitting concurrent requests?

    Yes. If a concurrent request is submitted correctly, major portions of the ORF2 pre-populate with information from the previously submitted request.

31. Can requests for outpatient services be submitted online if the services are being rendered by a provisionally-licensed individual billing through the LME or “incident to” a physician?

    Yes. Outpatient authorizations are made to the MPN(s) listed in the Attending Medicaid Provider # field. The LME MPN or the direct-enrolled physician’s MPN should be listed in these situations. The MPN included on the submission will be replaced by ValueOptions with the MPN(s) listed in the Attending Medicaid Provider # field at the time of review.

32. Can more than one service code be requested when completing the ORF2 via ProviderConnect?

    Yes. Providers enter the service code(s) being requested as well as the number of units for each service code.

33. How are retrospective requests submitted on ProviderConnect?

    Retrospective reviews are done when there has been a change to the recipient's Medicaid eligibility. On the Treatment Plan tab, providers must indicate in the "Narrative History" field that "This is a retrospective request due a change in the recipient's Medicaid eligibility" and include the dates of service being requested.

**SUBMITTING PSYCHOLOGICAL TESTING REQUESTS VIA PROVIDERCONNECT**

34. Which Level of Service (Inpatient/HLOC/Specialty or Outpatient) must be selected to submit Psychological Testing requests via ProviderConnect?

    Providers must select "Outpatient" as the Level of Service to submit Psychological Testing requests.

35. What documentation must be attached for Psychological Testing requests?

    Attach a completed Psychological/Neuropsychological Testing Form to the online submission. This form is available on the network-specific page for North Carolina Medicaid on ValueOptions.com.

**SUBMITTING TCM-IDD REQUESTS VIA PROVIDERCONNECT**

36. Which Level of Service (Inpatient/HLOC/Specialty or Outpatient) must be selected to submit TCM-IDD requests via ProviderConnect?

    Providers must select "Outpatient" as the Level of Service to submit TCM-IDD requests.

37. What documentation must be attached when submitting TCM-IDD requests via ProviderConnect?

    Attach a completed CTCM, appropriately documented PCP, and other required documentation as needed (e.g. NC SNAP, CCA or psychological assessment) to the online submission.

38. How are TCM-IDD provider changes submitted via ProviderConnect?

Attach a completed Provider Change Attestation Form to the online submission. This form is available on the network-specific page for North Carolina Medicaid on ValueOptions.com.

39. How are retrospective requests submitted on ProviderConnect?

Retrospective reviews are done when there has been a change to the recipient’s Medicaid eligibility.  Providers must indicate in the “Additional Information for Treatment Request” section of the CTCM that “This is a retrospective request due a change in the recipient’s Medicaid eligibility” and include the dates of service being requested.